

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-878)

109510437

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						61						
2							62						
3							63						
4		3					64						
5							65						
6							66						
7							67						
8							68						
9							69						
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36							96						
37							97						
38							98						
39							99						
40							100						
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
TOTAL IND.							TOTAL IND.	4		3			
TOTAL DEP.							TOTAL DEP.	59		30			
TOTAL CLAIMS							TOTAL CLAIMS	63		33			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS